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Bib Data Sheet

CONFIRMATION NO. 3972

SERIAL NUMBER 10/709,973	FILING DATE 06/10/2004  RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. GEMS 0242 PUS
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/683,434 12/28/2001 PAT 6,803,543 *JFR*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* *JFR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature	Initials		

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## TITLE

MAMMOGRAPHY PATIENT CONTACT TEMPERATURE CONTROLLER

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